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Distinguishing Child Sexual Abuse from Normative Cultural practices of Intimate Parent Child Interaction: Perceptions of Chinese Undergraduate Students

Abstract

Child sexual abuse is a poorly understood and underreported problem in Mainland China. This study explored Chinese undergraduate students' recollections of their childhood experiences of family practices and assessed their perceptions regarding the appropriateness of intimate parent-child interactions. Three hundred and fifty four undergraduate students from 15 universities or colleges in Beijing were recruited to participate in an online quantitative survey. Results indicated age and gender differences as well as the relevance of same or cross-gendered interactions. The implications for the possible prevention of child sexual abuse (CSA) in China are considered.

Keywords: Child sexual abuse, family practices, parent-child intimate interaction, China

Introduction

Child sexual abuse (CSA) is a serious public health problem. However, its definition remains ambiguous and creates controversy in both academic research settings and practice (Haugaard, 2000). Even with a professional consensus, cultural and political differences across the globe make it difficult to maintain a universal standard for international research, prevention and intervention of CSA. Part of the problem is that what are acceptable and unacceptable family practices are culturally determined. Thus, it is not easy to demarcate or determine which behaviors are abusive or not, especially those involving intimate contact between caregivers and children within families, such as co-bathing, co-sleeping, touching and kissing. During the past two or three decades, given the increased concerns about CSA and children's rights, scholars have suggested the importance of evaluating family practices and

boundaries, to better distinguish normal parent-child interactions from abusive behaviors within the family (Johnson, Huang, & Simpson, 2009). However, empirical data regarding family practices or parent-child interactions that are ambiguously related to sexual maltreatment are extremely scant. More importantly, relevant explorations launched in diverse social-cultural contexts are even more rare. Therefore, this study aimed to explore childhood experiences of family practices among Chinese college students, and also to assess their perceptions regarding the appropriateness of certain intimate parent-child interactions as well.

Family boundaries usually refer to “unspoken conventions that people follow regarding interpersonal behaviors” (Johnson & Hooper, 2003) within the family. Boundary violations usually include practices or interactions that reduce a family member’s privacy or sexualize the atmosphere in the home (Johnson, 1999). Overstepping the boundaries of acceptable parent-child interactions may be a prelude to CSA (Haynes-Seman & Krugman, 1989). Although a significant amount of child sexual abuse takes place outside of the family, intra-familial CSA, is not uncommon. According to a study conducted based on medical-legal reports of 1054 suspected CSA cases in a city of the United States between 1997 and 2007, about 40% of these cases were intra-familial CSA (Magalhães, Taveira, Jardim, Santos, Matos, & Santos, 2009). Moreover, due to the betrayal by caretakers of boundaries, intra-familial CSA is considered more severe and harmful than extra-familial CSA (Bornstein, Kaplan, & Perry, 2007). Prevention and intervention of intra-familial CSA have been especially challenging because not only are these cases usually secret and difficult to discern, but also certain family practices are ambiguous and difficult to define as abusive. Additionally, mistakes in the investigation or interventions have negative consequences and may threaten the child’s development, parent-child relationship, and even the whole family system (Magalhães et al. 2009). Therefore, the evaluation of family practices in a cultural context, which sometimes

can be signal a “soft sign” of impending CSA (Johnson, et al, 2009), may provide helpful evidence and information for professionals to make decisions about child protection.

Even though some parent-child intimate interactions are not illegal or cannot be identified as CSA, scholars have observed that extensive boundary violations in the family may be confusing to children about sex and sexuality and contribute to problematic sexual behaviors (Friedrich, 2002; Johnson, 2005). Child welfare professionals have also suggested the importance of exploring family practices such as co-sleeping and co-bathing in cases when children are evidencing problematic sexual behaviors (Gil and Johnson, 1993).

A series of instruments have been developed to assist with the evaluation of family practices and boundaries, such as the Safety Checklist (Friedrich, 2002), the Family Roles, Relationships, Behaviors, and Practices (Johnson, 2007), and the Family Practices Questionnaire (Johnson & Hooper, 2003). However, most existing instruments or studies have focused on parents who are already considered as suspected perpetrators of problematic behaviors within the family. Very limited research has explored family practices directly through the eyes of children who are recipients of and also actors in family practices (e.g., Lewis and Janda, 1988).

In many ways, the intent of the perpetrator has been considered an important factor to distinguish abusive and non-abusive behaviors. However, it is challenging to evaluate and determine the appropriateness of parental practices when there is no identified perpetrator (Miller-Perrin & Perrin, 2006). Therefore, establishing normal family practices, which may be considered as standards or norms for assessing the risk of CSA, are increasingly important for child welfare professionals. However, there has been widespread uncertainty about the relationship between normal family practices and abusive behaviors (Hyson, Whitehead, & Prudhoe, 1988). Very few studies have been conducted to explore normal parent-child intimate

interactions such as kissing, co-bathing, and co-sleeping in families (Miller-Perrin & Perrin, 2006).

Another problem with this ambiguity is that increased concerns of CSA may create anxieties that inhibit normal or positive physical affection or interactions within families (Hyson, et al, 1988). The negative impact of intimate parent-child interactions on child development has not been proved directly (Okami, Olmstead, Abramson, & Pendleton, 1998). Some scholars have been concerned about an “overreaction” to normal family practices (Okami, 1995), and have encouraged greater physical closeness between parents and children, such as hugs, loving touching, lap-sitting and time in the parent’s bed, which are of benefit to parent-child attachments and child development (Barber and Thomas, 1986; Thevenin, 1987). Therefore, it is critical to distinguish between normative expressions of affection and boundary violations.

To evaluate family boundaries through only one indicator (i.e., a specific behavior) may not be reasonable because family boundaries are impacted by varied factors such as the child’s gender and age (Rosenfeld, Seigal, & Bailey, 1987). Moreover, culture is an essential factor in this discussion (Rothbaum, Morelli, Pott, & Liu, 2000), because of wide cultural differences about the propriety of interpersonal touching behaviors (Dibiase, & Gunnoe, 2004). However, the preponderance of research has been conducted among middle class Western populations in developed countries, where norms of family practices with children vary considerably from those of other cultures (Okami, 1995; Tahhan, 2008). Moreover, social and economic factors, such as poverty or limited housing resources, may also impact family practices (Johnson, et al, 2009). We cannot treat certain family practices as abusive or problematic because the norms differ from what is acceptable in middle-class Western cultures. Therefore, it is important to discuss and interpret parent-child intimate interactions within their socio-cultural contexts.

Indeed, the answer to the question about whether certain parent-child interactions are problematic or abusive depends on the social expectations or public perceptions of the appropriateness of these behaviors. Atteberry-Bennett (1987) found that 47% of professionals and parents from Virginia believed that outside intervention was required when a mother “often” kissed her 10-year-old son on the lips, 51% when a father “often” entered the bathroom while his 5-year-old daughter was bathing, and 80% when a father “often” slept in the same bed with his 5-year-old daughter. Also, Harrison-Speake and Willis (1995) indicated that the rates of appropriateness declined when the child’s age getting as the child became older, and the approval of kissing and bathing was lower for fathers than mothers. Moreover, Johnson and Hooper (2003) studied professionals’ perceptions regarding the ages up to which certain family practices were appropriate between parents and children in the U.S. They found that interactions for opposite-sex family members were generally considered less acceptable than for same sex pairs.

Many other factors may impact people’s perceptions of suitable or abusive behaviors. Previous studies found that undergraduate students’ perceptions of abusive behaviors were influenced by the age of child, the child’s physical maturity, gender of the child and perpetrator, the type of behavior, victim-perpetrator relationships in hypothetical vignettes, and their own gender and experiences of CSA (e.g., Davies & Rogers, 2009; Giglio, Wolfeich, Gabrenya, & Sohn, 2011; Rogers, Davies, Anderson, & Potton, 2011). Earlier studies have also suggested that race and culture influence how people perceived sexually abusive behaviors (Hestick & Perrino, 2009; Reynolds, & Birkimer, 2002). Moreover, prior information and expectations about CSA could also influence attitudes toward physical affection between adults and children (Hyson, Whitehead, & Prudhoe, 1988). However, almost no research has explored how people’s childhood experiences of parent-child intimate interactions would impact their

adulthood perceptions regarding the appropriateness of these behaviors, particularly with non-Western populations.

This study has three objectives: (a) to identify Chinese college students' childhood experience of family practices (e.g., co-bathing and co-sleeping), (b) to assess their perceptions regarding the appropriateness of intimate parent-child interactions (e.g., lap-sitting, kissing, bathing, and co-sleeping), and (c) to analyze the relationship between their childhood experience of family practices with their perceptions of parent-child interactions.

Method

Participants

Participants were 354 undergraduate students from 15 universities or colleges in Beijing, China. Undergraduate students were selected as research participants for two reasons. First, since the concept of CSA is new in mainland China, better educated people may be more likely to have at least some awareness and understanding about it. Second, most undergraduate students are young adults. It is more appropriate to ask them questions related to sex than children under 18 years. It may be also easier for them to recall childhood experiences than older adults. The participants (49% male; 51% female) ranged in age from 18 to 28 years ($M = 21.61$, $SD = 1.541$), and were predominantly ethnically Han (90%). Most of them were in the first year (29%) or second year (37%) of their programs. They came from different provinces and areas of China. Many of them were from the North China (31%), East China (20%) and the North-East of China (18%). Also, 35% of them spent 1001-1500 RMB per month for their living expenses (see Table 1).

Procedure

We accessed a private database of a Chinese network technology company which ran a network marketing platform providing online shopping services to 35,120 students from 35

universities or colleges in Beijing until June 1st, 2015. The company had a list of all its customers, including students' names, telephone numbers and shopping accounts. A professional IT staff randomly selected 1,000 students from the customer database and gave a code to each student. In the pilot process, the staff sent texts to 0.05% of selected 1,000 students through software, and asked them if they were interested in participating in a survey regarding family practices and CSA. However, only 5 students replied and agreed to join in the survey.

In order to increase reply rates, we decided to call and invite students to participate in the research. Two investigators who were MSW students were trained by the first author and they then called students by using the coded list of 1,000 students, inviting them to participate in the research. 976 students answered the calls. Among these 976 students, 611 students were undergraduate students (the company's database did not distinguish undergraduate students from graduate students). After a basic introduction about the objectives and procedures of the research, the investigators invited students to participate in the survey online. If a student agreed to do so, an investigator sent a link of the online questionnaire to him or her via text. Each student who completed the survey had \$10 added to their online shopping account. The investigators began to make calls between June 20, 2016 and August 31st. Online data collection ended on September 30th. As a result, 385 students in total completed the online-based survey and 354 participants remained in the study after deleting those missing data.

Materials

A self-administered questionnaire was developed based on research objectives and instruments used in previous studies (e.g., Harrison-Speake and Willis, 1995), including three sections: (I) socio-demographic information, (II) childhood experiences of family practices, and (III) perceptions to the appropriateness of intimate parent-child interactions. We prepared the questionnaire in English initially and then translated it into Chinese. The questionnaire was pilot-tested by 20 undergraduate students. We revised some expressions and deleted questions

that were confusing. Then, an expert in the field of child welfare in China reviewed the Chinese version of the questionnaire and provided suggestions for minor revisions.

Section I listed seven socio-demographic questions including sex, age, school, grade, ethnicity, birthplace, and monthly expenses. In Section II, questions regarding childhood experiences (under 18 years) of co-bathing and co-sleeping with parents were asked. For example, we asked the question “Did you bathe with your mother before 18 years?” If they answered yes, a follow-up question would be asked, “How old were you the last time when you co-bathed with your mother?” Five options were provided: 0-2 years, 3-6 years, 7-10 years, 11-14 years, and 15-17 years. Regarding co-sleeping, we asked them “Did you sleep in the same bed together with your mother before 18 years?” A similar question regarding the last time they did so was asked if they answered yes. Questions about co-bathing and co-sleeping practices with fathers were also asked.

In section III, we partly adopted the instrument used in Harrison-Speake and Willis’s (1995) study. In their study, five types of parent-child interactions (i.e., lap-sitting, kissing, bathing, co-sleeping, and stroking the child’s genitals) were assessed and situations involving parent-child interactions were rated on a five-point scale from (1) very inappropriate to (5) very appropriate. Eighteen situations included “son/daughter sits on father/ mother’s lap”, “father/ mother gives son/daughter a quick kiss on his or her lips”, “father/mother gives son/daughter a bath”, “father/mother strokes son/daughter genitals when she tucks him/her into bed”, and “mother, father, and son/daughter sometimes sleep in the same bed together”. For each of the situations separate ratings were made for children aged 2, 6, 10, and 14.

We made two revisions from the original instrument. First, we deleted four questions related to situations about “father/mother strokes son/daughter’s genitals when she tucks him/her into bed”. Harrison-Speake and Willis (1995) did not report results of the genital touching because few respondents approved any of the situations. Second, we made separate

rating for children aged 2, 6, 10, 14, and 17 for each situation in order to be consistent with the different age options we provided in Section II. More importantly, 14 years is usually used as a boundary when defining CSA in Chinese society whereas some countries consider CSA victims to be aged under 16–18 years (Xie, Qiao, & Wang, 2016). We considered that it might be important to add an option of 17 years as a comparison. As a result, we scored fourteen situations and five separate ratings for each of the situations.

Data analysis

Data was analyzed using SPSS 22 for Macs. Chi-square tests were used to assess the statistical significance of associations between participants' genders and childhood experiences of family practices. Factorial repeated-measures (or within-subjects) ANOVA tests were used to examine the statistical significance of the effect of repeated-measures factors on the perceptions of the appropriateness of parent-child interactions. Four repeated-measures factors included (1) child gender, (2) parent gender, (3) child's age (2, 6, 10, 14 or 17 years), and (4) interaction situation (lap-sitting, kissing, bathing, or co-sleeping with parents). Moreover, we recoded five variables (children aged 2, 6, 10, 14, and 17 years) for each interaction situations into one variable by recording the minimum age perceived by respondents as "(1) very inappropriate" or "(2) inappropriate" for each of the situations. Last, Spearman correlation tests were used to examine the relationship between childhood experiences of family practices (measured as "never", "0-2 years", "3-6 years", "7-10 years", "11-14 years", "15-17 years") and perceptions of the ages up to which certain parent-child interactions (lap-sitting, kissing, and bathing) were appropriate (measured as "2 years", "6 years", "10 years", "14 years", "17 years", and "no limited age range").

Ethical considerations

Ethical clearance to conduct this study was obtained from the Smith College IRB. After a participant entered the link, he or she was provided with an informed consent with a description

of the nature of the research. They were also informed that if they experienced any distress as a result of their participation, counseling services would be provided at no charge through an outpatient training clinic operated by the university where author one was based. Only after reading the informed consent, and clicking the button of “Agree”, could participant answer the survey. All individuals who consented to participate were informed that they were free to withdraw from the project at any point without prejudice. Once they withdrew, we would destroy their answers. Only when they clicked the button of “Submit”, did their answers become part of our database.

Results

Childhood experience of family practices

Family practices, especially co-sleeping with both mothers (90.4%) and fathers (76.8%) were very common among Chinese undergraduate students (see Table 2). More respondents reported having co-bathed or co-slept with mothers than fathers. Significant gender differences were found among undergraduate students’ intimate interactions with their parents, especially with co-bathing. Respondents reported having more experiences of co-bathing or co-sleeping with the same gender parent than cross-gender. Male and female respondents were also significantly different regarding the age of the last time of co-bathing with both mothers ($X^2 = 85.746$, $p < 0.001$) and fathers ($X^2 = 21.203$, $p < 0.001$). Most male respondents (86.7%) reported that they ended co-bathing with mothers before 6 years old, but 42.9% female respondents reported co-bathing with mothers between 15 and 17 years old. Also, males and females reported significant different experiences regarding co-sleeping with mothers ($X^2 = 72.604$, $p < 0.001$). However, gender difference were not found among undergraduate students with the experience of co-sleeping with fathers. In sum, male and female undergraduate students had different childhood experiences of these family practices.

Perceptions of appropriateness of parent-child interactions

Factors including a child's age, gender, and the parent's gender were found to impact respondents' perceptions of the appropriateness of those interactions (see Table 3). There was a significant main effect of a child's age on ratings of appropriateness of lap-sitting, $F(4, 1412) = 855.47, p < .0001$; kissing, $F(4, 1412) = 746.87, p < .0001$; bathing, $F(4, 1412) = 1107.61, p < .0001$; and co-sleeping, $F(4, 350) = 1163.715, p < .0001$. Respondents' ratings of the appropriateness of each of four parent-child interactions were lower at each older age of children. Also, the significant main effect of a child's gender was found for respondents' perceptions of the appropriateness of all four types of parent-child interactions. Respondents' ratings of the appropriateness of lap-sitting and kissing were lower for boys than girls; however, for bathing and co-sleeping, ratings of the appropriateness were higher for boys than girls. Moreover, there was also a significant main effect of parent gender on ratings of appropriateness of lap-sitting, $F(1, 353) = 116.69, p < .0001$; kissing $F(1, 353) = 232.76, p < .0001$; and bathing, $F(1, 353) = 222.51, p < .0001$. Ratings of the appropriateness were lower for fathers than mothers for each of the three parent-child interactions.

For the appropriateness of lap-sitting, kissing, and bathing, significance was reached for all two-way interactions (i.e., Child Age \times Child Gender, Child Age \times Parent Gender, and Child Gender \times Parent Gender). Although the appropriateness of lap-sitting and kissing declined with age for both boys and girls, the Child Age \times Child Gender interaction suggested that the appropriateness declined more rapidly for boys than for girls. But with the appropriateness of co-sleeping, however, the significant effect of Child Age \times Child Gender interaction was not found. Although there is a decline in appropriateness for each of the three parent-child interactions for either parent as age increases, the Child Age \times Parent Gender interaction indicated that the decline in appropriateness is more severe for fathers than for mothers. For the appropriateness of either lap-sitting or bathing, the Parent Gender \times Child

Gender interactions suggested that same sex interactions are more approved of than opposite-sex. However, for both parents, kissing boys is less approved of than kissing girls (see Table 5).

The three-way interaction between parent gender, child gender, and child age was significant for the appropriateness of lap-sitting, $F(4, 1412) = 61.17, p < .0001$; kissing, $F(4, 1412) = 35.94, p < .0001$; and bathing $F(4, 1412) = 79.907, p < .0001$ (see Table 5). The interaction showed that although there was a decline in appropriateness for each of the three interactions for both boys and girls for either parent as age increased, the decline in appropriateness is less severe for same-sex interactions, and either lap-sitting, kissing, or bathing for mothers.

When we combined three interactions, lap-sitting, kissing, and bathing as a whole of parent-child interactions, the four-way interaction between child gender, parent gender, child age, and interaction situation was significant, $F(8, 2824) = 12.52, p < .0001$ (see Table 6). First, no matter the type of interaction, child's gender, and parent's gender, ratings of the appropriateness of parent-child interactions declined as age increased. Second, the ratings of the appropriateness were lower for fathers than for mothers no matter the age and gender of children. Third, ratings of the appropriateness of interactions between fathers and daughters were lowest, and between mothers and daughters were highest. Fourth, lap-sitting was the most acceptable parent-child interaction, and kissing sons was least acceptable and lap-sitting by daughters was more acceptable than for sons. There were no significant age, sex, or ethnicity differences for respondents' ratings of the appropriateness of parent-child interactions.

Many respondents perceived that there should be a limited age range for parent-child intimate interactions (see Table 6). For example, 72.7% of respondents indicated that bathing girls by fathers should end before 10 years old. The mean age perceived by respondents who agreed with this limited age is 9.3 years old ($SD = 3.731$). Also, 67.2% of respondents thought

kissing sons by fathers should be ended before 14 years old, and the mean age up was about 10.0 years ($SD = 4.663$). The mean limited age ranged from 9.3 to 14.7 years. The means and standard deviations of the responses suggested that respondents' perceptions to appropriate ages for the family practices were highly varied. However, some respondents did not think there should be a limited age range for certain interactions. For example, 8.5% of respondents indicated no age limitation for fathers bathing daughters.

Impact of childhood experiences of family practices on perceptions of parent-child intimate interactions

The relationship between the childhood experiences of family practices (from newborn to 17 years old) and perceptions of the appropriateness of parent-child intimate interactions (from age 2 to no limited age range) were analyzed. Respondents' experiences of bathing with mothers were significantly positive correlated with their perceptions to the appropriateness of mothers bathing daughters ($r = 0.206, p < .001$) and fathers bathing sons ($r = 0.185, p < .001$). The experiences of bathing with fathers were significantly positive correlated with respondents' ratings of appropriateness of fathers bathing sons ($r = 0.172, p < .001$). It was found that respondents' experiences of sleeping with mothers in the same bed were correlated positively with their acceptance of daughters co-sleeping with parents. Respondents who had experiences of co-sleeping with mothers at an older age were more likely to accept daughters co-sleeping with parents when daughters got older. The same results were also found for the relationship between experiences of sleeping with fathers and acceptance of sons co-sleeping with parents in the same bed.

Discussion and Implications

Normal or typical family practices in a given society can be considered as standards which can serve as reference points for professional decisions and even court proceedings regarding CSA (Rosenfeld et al., 1987). The current study suggested that family practices, especially co-

sleeping with parents was very common among Chinese undergraduate students until 18 years of age. Indeed, co-sleeping and co-bathing practices are also seen as an important part of daily life and parent-child relationships in other Asian countries, such as in Japan (Tahhan, 2008). Typical family practices in Chinese or other Asian families may be different from those in middle class white families. In fact, interpersonal touching, which is an important part of human interaction, is largely mediated by culture (Dibiase & Gunnoe, 2004). Generally, parents in Eurocentric-Western cultures are more likely to accept nudity at home, and to express love and intimacy through physical contact and direct expression such as handholding, hugging and saying “I love you” (Tahhan, 2008). Similar to a previous study (Rothbaum, et al, 2000), we also found that Chinese parents, by contrast, prefer to sleep with their children, reduce physical contact with their children when children get older, and to inhibit direct expression of love and transform their affections to indirect forms of expression.

Social norm theory is helpful when considering the data from our research. Social norm theory posits that people internalize a perceived social norm and then evaluate their own behavior in relation to the internalized sense of what is right and wrong (Berkowitz, 2003). There are two aspects of social norm theory (Berkowitz, 2003) that are particularly relevant to this study: (a) What misperceptions might parents have about acceptable touching versus child sexual abuse that might negatively influence their own behavior? (b) What healthy behaviors already exist among Chinese parents that should be strengthened or increased? This has implications for designing interventions, as Chinese cultural values about acceptable touching interact with ambiguity about what constitutes child sexual abuse and how this dynamic then informs the internalized social norms of parents.

Thus, how social norms about acceptable and unacceptable parent-child interactions has a serious impact not only on how parents evaluate the appropriateness of their interactions with their children, but on the reporting, prevention, service provision for abused children, and the

legal consequences for both perpetrators and victims in CSA cases (Xie et al., 2016). This study found that the age of the child, the child's gender, and parent's gender in parent-child interactions influenced undergraduate students' perceptions of the appropriateness of these interactions in China. Similar results were also found in Johnson and Hooper's study (2003) about the lower perceptions of appropriateness for intimate interactions between mixed gender pairs.

Among Chinese undergraduate students in the study, it was uncommon for boys to co-bathe with mothers or for girls to co-bathe with fathers after 6 years of age. As for the suitable ages for parent-child intimate interactions, the current study found that only younger ages were considered appropriate for kissing, bathing, and co-sleeping between parents and children, which is consistent with previous studies (e.g., Harrison- Speake and Willis, 1995). Some scholars have suggested mean ages at which to consider discontinuing certain family practices in the United States. For example, parents may need to stop kissing children on the lips after 5 years, co-bathing with children after 3.3 years, and co-sleeping with children after 5.4 years (Johnson & Hooper; 2003). Results of current study may shed some light about the norms regarding limited age ranges for parent-child interactions in Chinese society, which may be helpful for professionals when making decision about child protection.

The study found that undergraduate students' own childhood experiences of family practices were weakly associated with their perceptions about the appropriateness of parent-child intimate interactions. How people are raised by their parents in their family of origin may shape perceptions regarding particular family practices and parent-child intimate interactions. Johnson (2005) indicated that some parents internalize loose or strict family boundaries from their own families and often accept them without further consideration. However, people's perceptions of their family's practices may change when growing up because of receiving new information, especially through education as well as shifting public mores. Therefore, future

research may need to take into account the impact of sex education or CSA prevention education into consideration when studying perceptions of family practices by using a sample with varied educational backgrounds.

The definition of CSA remains an unsolved problem. The lack of a commonly accepted definition which clearly identifies which behaviors are CSA and which are not generates uncertainty for both parents and child protective professionals. Defining CSA will continue to be contested and culturally grounded. For example, to decide whether certain behaviors are abusive or not requires that the continuum of children's ages be divided at some points. However, it is difficult to determine at what points to divide the continuum (Haugaard, 2000). Similarly, the current study found that Chinese undergraduate students' perceptions of appropriate ages for family practices were highly varied. Since the development of a child protection system is now only beginning in mainland China, to establish a definition system of child abuse is critical for the whole system. Both overly-narrow and overly-broad definitions of CSA are problematic. A narrow definition of CSA may strand some abused children outside of the circle of protection, while a broad definition may result in an overloaded child protective system and undermine viable families (Waldfoegel, 2001). Also, the definition of CSA needs to shift along with the development of economies and societies as this shapes what is possible and acceptable within family life.

Although the Chinese government and child welfare agencies can learn from Western experiences, CSA needs to be culturally contextualized. There are also implications for intervention when built only on Western premises (Baker & Dwairy, 2003). First, the state takes responsibility by offering protective services to victims, such as removal, shelter, counseling and other services. Second, the victim often reconstructs his or her life separated from their family of origin. However, these premises may be absent or not applicable for many non-Western countries which favor a more collective social system and where there is a lack

of child welfare services, infrastructure and traditions. Chinese people strongly emphasize the value of a united family where parents are typically responsible to protect their children from CSA (Xie et al., 2016), and there is ambivalence about the role of the state. It is difficult to simply remove the victim from the family in Mainland China, if the perpetrator is the parent because of the under-developed child protective system and services. Therefore, how to protect the victim within the family system remains as a critical but challenging task for professionals in Chinese society.

Limitations

The current study has some limitations. First, the study opted for a convenience sample of undergraduate students whose opinions might not reflect the general public. Since almost all of the undergraduate students were nonparents, their perceptions of parent-child interactions might be different from those who are parents. Also, undergraduate students might have different opinions related to CSA from professionals who need to make decisions about child protection. Therefore, future research about societal perceptions of parent-child interactions may need a more representative sample of nonstudent populations, including parents and child protective professionals. Also, a self-administered questionnaire was utilized to collect data since this was an exploratory study in mainland China. In future research, it may be necessary to adopt a hypothetical vignette methodology to assess the public's perceptions of parent-child interactions, which is useful for operating specific independent variables (Rogers et al., 2011) and to complement surveys with in-person interviews, to gain a richer understanding of subtle family dynamics.

Conclusion

CSA is increasingly recognized as a serious public health problem across a range of nations and cultures. However, its definition is still unclear, especially when perpetrators are

caregivers. Cultural variations of normal and abnormal parent-child interactions have been minimized or overlooked. This current study begins to help to define intra-familial CSA by assessing family practices in childhood and perceptions of parent-child intimate interactions in mainland China. Both overlooking and overreaction to family practices may threaten children's rights or undermine parent-child relationships. Therefore, better understanding of what is normal within a cultural context and comprehensive information and public education about the benefits and risks of parent-child intimate interactions are needed for the prevention of CSA.

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